

CHAPTER 10
RESIDENT, SPECIAL AND TEMPORARY PHYSICIAN LICENSURE

[Prior to 5/30/01, see 653—Chapter 11]

653—10.1(147,148,150,150A) Definitions.

“*ACGME*” means Accreditation Council for Graduate Medical Education, an accreditation body that is responsible for accreditation of post-medical school training programs in medicine and surgery in the United States of America.

“*AMA*” means the American Medical Association, a professional organization of physicians and surgeons.

“*Any jurisdiction*” means any state, the District of Columbia or territory of the United States of America or any other nation.

“*Any United States jurisdiction*” means any state, the District of Columbia or territory of the United States of America.

“*AOA*” means the American Osteopathic Association. The board approves osteopathic medical education programs with AOA accreditation; the board approves AOA-accredited postgraduate training programs in osteopathic medicine and surgery at hospitals for graduates of accredited osteopathic medical schools. The board recognizes specialty certification by AOA.

“*Applicant*” means a person who seeks authorization to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy in this state by making application to the board.

“*Approved abuse education training program*” means a training program using a curriculum approved by the abuse education review panel of the department of public health or a training program offered by a hospital, a professional organization for physicians, or the department of human services, the department of education, an area education agency, a school district, the Iowa law enforcement academy, an Iowa college or university, or a similar state agency.

“*Board*” means Iowa board of medical examiners.

“*Board-approved resident training program*” means a hospital-affiliated graduate medical education program accredited by ACGME, AOA, RCPSC, or CFPC at the time the applicant is enrolled in the program.

“*Category 1 activity*” means any formal education program which is sponsored or jointly sponsored by an organization accredited for continuing medical education by the Accreditation Council for Continuing Medical Education, the Iowa Medical Society, or the Council on Continuing Medical Education of AOA that is of sufficient scope and depth of coverage of a subject area or theme to form an educational unit and is planned, administered and evaluated in terms of educational objectives that define a level of knowledge or a specific performance skill to be attained by the physician completing the program. Activities designated as formal cognates by the American College of Obstetricians and Gynecologists or as prescribed credit by the American Academy of Family Physicians are accepted as equivalent to category 1 activities.

“*CFPC*” means the College of Family Physicians of Canada.

“*Committee*” means the licensure and examination committee of the board.

“*ECFMG*” means the Educational Commission for Foreign Medical Graduates, an organization that assesses the readiness of international medical school graduates to enter ACGME-approved residency programs in the United States of America.

“*FCVS*” means the Federation Credentials Verification Service, a service under the Federation of State Medical Boards that verifies and stores core credentials for retrieval whenever needed.

“*FSMB*” means the Federation of State Medical Boards, the organization of medical boards of the United States of America.

“Incidentally called into this state in consultation with a physician and surgeon licensed in this state” as set forth in Iowa Code section 148.2(5) means a physician licensed in another United States jurisdiction who acts in an advisory or instructional capacity to a physician with a permanent or special medical license in Iowa, for a period of not more than 10 consecutive days and not more than 20 total days in any calendar year. The consulting physician shall be involved in the care of patients in Iowa only at the request of the Iowa physician requesting the consultation. The physician requesting the consultation shall retain the primary responsibility for the management of patients’ care.

“LCME” means Liaison Committee on Medical Education, an organization that accredits educational institutions granting degrees in medicine and surgery. The board approves programs that are accredited by LCME.

“Mandatory training for identifying and reporting abuse” means training on identifying and reporting child abuse or dependent adult abuse required of physicians who regularly provide primary health care to children or adults, respectively. The full requirements on mandatory reporting of child abuse and the training requirements are in Iowa Code section 232.69; the full requirements on mandatory reporting of dependent adult abuse and the training requirements are in Iowa Code section 235B.16.

“Medical degree” means a degree of doctor of medicine and surgery, osteopathic medicine and surgery, or osteopathy, or comparable education from an international medical school.

“Permanent licensure” means licensure granted after review of the application and credentials to determine that the individual is qualified to enter into practice. The individual may only practice when the license is in current, active status.

“Postgraduate training” means graduate medical education, e.g., an internship, residency or fellowship, in a hospital-affiliated training program approved by the board at the time the applicant was enrolled in the program.

“Practice” means the practice of medicine and surgery, osteopathic medicine and surgery, or osteopathy.

“RCPSC” means the Royal College of Physicians and Surgeons of Canada.

“Resident physician” means a physician enrolled in an internship, residency or fellowship.

“Resident training program” means a hospital-affiliated graduate medical education program that enrolls interns, residents or fellows and may be referred to as a postgraduate training program for purposes of licensure.

653—10.2(148,150,150A) Licensure required. Licensure is required for practice in Iowa as identified in Iowa Code sections 148.1, 150.2, and 150A.1; the exceptions are identified in 653—subrule 9.2(2). Provisions for permanent physician licensure are found in 653—Chapter 9; provisions for resident, special and temporary physician licensure are found in this chapter.

653—10.3(147,148,150,150A) Resident physician licensure.

10.3(1) General provisions.

a. The resident physician license shall authorize the licensee to practice as an intern, resident or fellow while under the supervision of a licensed practitioner of medicine and surgery or osteopathic medicine and surgery in a board-approved resident training program in Iowa. When the ACGME, AOA, RCPSC, or CFPC fails to offer accreditation for a fellowship or the fellowship fails to seek accreditation, the board shall approve the program if the parent program is accredited by one of the aforementioned accrediting bodies. However, completion of one or more years of a program that itself lacks such accreditation does not fulfill the one-year resident training requirement for permanent licensure.

b. An Iowa resident physician license or an Iowa permanent physician license is required of any resident physician practicing in Iowa.

c. A resident physician license issued on or after February 14, 2003, shall expire on the expected date of completion of the resident training program as indicated on the licensure application. A resident physician license may be extended thereafter at the discretion of the board.

d. A resident physician license is valid only for practice in the program designated in the application. When the physician leaves that program, the license shall immediately become inactive. The director of the resident training program shall notify the board within 30 days of the licensee's terminating from the program.

e. A resident physician licensee who changes resident training programs shall apply for a new resident physician license as described in subrule 10.3(3). Such changes include a transfer to a different program in the same institution, a move to a program in another institution, or becoming a fellow after completing a residency in the same core program. An individual who contracts with an institution to be in two programs from the time of application for the resident license shall not be required to apply for another resident license for the second program. For example, if a residency requires one year in internal medicine prior to three years in dermatology, the individual may apply initially for a four-year resident license to cover the bundled program. Relicensure is not required if the individual holds a permanent physician license in Iowa.

f. An Iowa resident physician license is required for a resident enrolled in an out-of-state training program where a portion of the training occurs in Iowa. The licensee shall be under the supervision of an Iowa-licensed physician who is on the faculty of the resident training program. The resident physician license shall expire on the expected date of completion of the Iowa portion of the training program.

g. An Iowa license is not required for residents when they are training in a federal facility in Iowa. An Iowa license is not required for faculty who are teaching in and employed by a federal facility in Iowa and who are licensed in another state.

h. The director of a resident training program that enrolls a resident with an Iowa resident physician license shall report annually on October 1 on the resident's progress and whether any warnings have been issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action. The board shall inform the program directors on September 1 of the impending deadline.

i. A resident physician licensee shall notify the board of any change in name within one month of making the name change. Notification requires a notarized copy of a marriage license or a notarized copy of court documents.

j. A resident physician licensee's file shall be closed and labeled "deceased" when the board receives a copy of the physician's death certificate.

10.3(2) Resident licensure eligibility. To be eligible for a resident license, an applicant shall meet all of the following requirements:

- a. Fulfill the application requirements specified in subrule 10.3(3).
- b. Be at least 20 years of age.
- c. Hold a medical degree from an educational institution approved by the board at the time the applicant graduated and was awarded the degree.

(1) Educational institutions approved by the board shall be fully accredited by an accrediting agency recognized by the board as schools of instruction in medicine and surgery or osteopathic medicine and surgery and empowered to grant academic degrees in medicine.

(2) The accrediting bodies currently recognized by the board are:

1. LCME for the educational institutions granting degrees in medicine and surgery; and
 2. AOA for educational institutions granting degrees in osteopathic medicine and surgery.
- (3) If the applicant holds a medical degree from an educational institution not approved by the board at the time the applicant graduated and was awarded the degree, the applicant shall:
1. Hold a valid certificate issued by ECFMG, or
 2. Have successfully completed a fifth pathway program established in accordance with AMA criteria.

10.3(3) Resident physician licensure application.

a. Requirements. To apply for resident physician licensure, an applicant shall:

- (1) Pay a nonrefundable application fee of \$100; and
- (2) Complete and submit forms provided by the board, including required credentials, documents and a sworn statement by the applicant attesting to the truth of all information provided by the applicant.

b. Application. The application shall require the following information:

- (1) Name, date and place of birth, home address, and mailing address;
- (2) A photograph of the applicant suitable for positive identification;
- (3) A statement listing every jurisdiction in which the applicant is or has been authorized to practice, including license numbers and dates of issuance;
- (4) A chronology accounting for all time periods from the date the applicant entered medical school to the date of the application;
- (5) A photocopy of the applicant's medical degree issued by an educational institution.

1. A complete translation shall be submitted for any diploma not written in English. An official transcript, written in English and received directly from the school, verifying graduation from medical school is a suitable alternative. An official FCVS Physician Information Profile is a suitable alternative.

2. If a copy of the medical degree cannot be provided because of extraordinary circumstances, the board may accept other reliable evidence that the applicant obtained a medical degree from a specific educational institution;

(6) If the educational institution awarding the applicant the degree has not been approved by the board, the applicant shall provide a valid ECFMG certificate or evidence of successful completion of a fifth pathway program in accordance with criteria established by the AMA. An official FCVS Physician Information Profile is a suitable alternative;

(7) A statement disclosing and explaining any warnings issued, investigations conducted, or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical regulatory authority, an educational institution, training or research program, or health care facility in any jurisdiction;

(8) A statement of the applicant's physical and mental health, including full disclosure and a written explanation of any dysfunction or impairment which may affect the ability of the applicant to engage in practice and provide patients with safe and healthful care;

(9) A statement disclosing and explaining the applicant's involvement in civil litigation related to practice in any jurisdiction. A copy of the allegations is required. If the case is resolved, a copy of the final disposition, including any settlement agreement, is required; and

(10) A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant filed in any jurisdiction, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside.

10.3(4) Resident license application review process. The process below shall be utilized to review each application for a resident license.

a. An application shall be considered open from the date the application form is received in the board office with the nonrefundable resident licensure fee.

b. After reviewing each application, staff shall notify the applicant or designee about how to resolve any problems identified by the reviewer.

c. If the final review indicates no questions or concerns regarding the applicant's qualifications for licensure, staff may grant administratively a resident license.

d. If the final review indicates questions or concerns that cannot be remedied by continued communication with the applicant, the executive director, director of licensure and administration, and director of legal affairs shall determine if the questions or concerns indicate any uncertainty about the applicant's current qualifications for licensure.

(1) If there is no current concern, staff shall grant administratively a resident license.

(2) If any concern exists, the application shall be referred to the committee.

e. Staff shall refer to the committee for review matters which include, but are not limited to, falsification of information on the application, criminal record, substance abuse, competency, physical or mental illness, or educational disciplinary history.

f. If the committee is able to eliminate questions or concerns without dissension from staff or a committee member, the committee may direct staff to grant administratively a resident license.

g. If the committee is not able to eliminate questions or concerns without dissension from staff or a committee member, the committee shall recommend that the board:

- (1) Request an investigation;
- (2) Request that the applicant appear for an interview;
- (3) Grant a resident physician license for a particular residency program;
- (4) Grant a license under certain terms and conditions or with certain restrictions;
- (5) Request that the applicant withdraw the licensure application; or
- (6) Deny a license.

h. The board shall consider applications and recommendations from the committee and shall:

- (1) Request an investigation;
- (2) Request that the applicant appear for an interview;
- (3) Grant a resident physician license for a particular residency program;
- (4) Grant a license under certain terms and conditions or with certain restrictions;
- (5) Request that the applicant withdraw the licensure application; or
- (6) Deny a license. The board may deny a license for any grounds on which the board may discipline a license. The procedure for appealing a license denial is set forth in 653—9.15(147,148,150,150A).

10.3(5) *Resident license application cycle.* If the applicant does not submit all materials within 90 days of the board office's last documented request for further information, the application shall be considered inactive. The board office shall notify the applicant of this change in status. An applicant must reapply and submit a new nonrefundable application fee and a new application, documents and credentials.

10.3(6) *Extension of a resident physician license.*

a. On or after February 14, 2003, the board shall issue a resident license for the full period of the resident training program. The board shall offer to all who hold a current, active resident license on February 13, 2003, an extension of the license to the expected completion date of the resident training program. A licensee who wishes to extend the license shall submit the extension application materials within two months of the offer.

b. If the licensee fails to complete the program by the expiration date on the license, the licensee has a one-month grace period in which to complete the program or secure an extension from the board.

c. The resident physician licensee is responsible for applying for an extension if the licensee has not been granted permanent physician licensure and the licensee will not complete the program within the grace period. The following extension application materials are due in the board office prior to the expiration of the license;

- (1) A letter requesting an extension and providing an explanation of the need for an extension;
- (2) The extension fee of \$25; and
- (3) A statement from the director of the resident training program attesting to the new expected date of completion of the program and the individual's progress in the program and whether any warnings have been issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action.

No documentation of continuing medical education or mandatory training on identifying and reporting abuse is required since a resident is in training.

d. Failure of the licensee to extend a license within one month following the expiration date shall cause the license to become inactive and invalid. For example, a license that expires on June 26 becomes inactive and invalid on July 26. A licensee whose license is inactive is prohibited from practice until the license is extended or replaced by a permanent physician or new resident physician license.

e. To extend an inactive resident license within one year of becoming inactive, an applicant shall submit the following:

- (1) A letter requesting an extension and providing an explanation of the need for an extension;
- (2) The extension fee of \$25;
- (3) A \$50 late fee; and
- (4) A statement from the director of the resident training program attesting to the new expected date of completion of the program and the individual's progress in the program and whether any warnings have been issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action.

No documentation of continuing medical education or mandatory training on identifying and reporting abuse is required since a resident is in training.

f. If more than one year has passed since the resident license became inactive, the applicant shall apply for a new resident license as described in subrule 10.3(3).

10.3(7) Review process for extending a resident license. The process below shall be utilized to review each request for an extension of a resident license.

a. An extension request shall be considered open from the date the required letters and nonrefundable extension fee are received in the board office.

b. After reviewing each request for extension, staff shall notify the licensee or designee about how to resolve any problems identified by the reviewer.

c. If the final review indicates no questions or concerns regarding the applicant's qualifications for continued licensure, staff may grant administratively an extension to a resident license.

d. If the final review indicates questions or concerns that cannot be remedied by continued communication with the applicant, the executive director, the director of licensure and administration, and the director of legal affairs shall determine if the questions or concerns indicate any uncertainty about the applicant's current qualifications for licensure.

(1) If there is no current concern, staff shall grant administratively an extension to a resident license.

(2) If any concern exists, the application shall be referred to the committee.

e. Staff shall refer to the committee for review matters which include, but are not limited to, falsification of information in the request, criminal record, substance abuse, competency, physical or mental illness, or educational disciplinary history.

f. If the committee is able to eliminate questions or concerns without dissension from staff or a committee member, the committee may direct staff to grant administratively an extension to a resident license.

g. If the committee is not able to eliminate questions or concerns without dissension from staff or a committee member, the committee shall recommend that the board:

- (1) Request an investigation;
- (2) Request that the licensee appear for an interview;
- (3) Grant a license under certain terms and conditions or with certain restrictions;
- (4) Request that the licensee withdraw the request for an extension; or
- (5) Deny a request for an extension of the license.

h. The board shall consider applications and recommendations from the committee and shall:

- (1) Request an investigation;
- (2) Request that the licensee appear for an interview;
- (3) Grant an extension to the resident physician license;

(4) Grant an extension to the resident physician license under certain terms and conditions or with certain restrictions;

(5) Request that the licensee withdraw the request for an extension; or

(6) Deny a request for an extension of the license. The board may deny an extension of a license for any grounds on which the board may discipline a license. The procedure for appealing a license denial of an extension is set forth in 653—9.15(147,148,150,150A).

10.3(8) *An Iowa resident physician who changes resident training programs in Iowa.* A resident physician who changes resident training programs shall acquire new resident physician licensure or permanent licensure prior to entering the new resident training program. Such changes include a transfer to a different program in the same institution, a move to a program in another institution, or becoming a fellow after completing a residency in the same core program. An individual who contracts with an institution to be in two programs from the time of application for the resident license shall not be required to apply for another resident license for the second program. A resident physician licensee applying for a new resident license shall submit the following:

a. A nonrefundable resident licensure application fee of \$100;

b. Materials required in subparagraphs 10.3(3)“b”(1) to (4) and (7) to (10);

c. A statement from the director of the applicant’s most recent residency program documenting the applicant’s progress in the program and whether any warnings had been issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action; and

d. The original resident license as soon as the applicant for relicensure leaves the residency program.

10.3(9) *Discipline of a resident license.* The board may discipline a license for any of the grounds for which licensure may be revoked or suspended as specified in Iowa Code section 147.55 or 148.6, Iowa Code chapter 272C, and 653—12.4(272C).

10.3(10) *Transition from a resident license to a permanent license.* When a resident physician receives a permanent Iowa license, the resident physician license shall immediately become inactive.

653—10.4(147,148,150,150A) Special licensure.

10.4(1) *General provisions.*

a. The board may grant a special license to a physician who is an academic staff member of a college of medicine or osteopathic medicine if that physician does not meet the qualifications for permanent licensure, but is held in high esteem for unique contributions the individual has made to medicine and will make by practicing in Iowa. The license is not designed for physicians in regular faculty positions that could be filled by a physician qualified for permanent licensure in Iowa or for the purpose of training the physician who receives the license, i.e., participating in a fellowship of any kind. The board will consider granting and renewing a special license on a case-by-case basis.

b. A special license may be issued for a period of not more than one year and may be renewed annually prior to expiration. The number of renewals granted by the board is not limited. The renewal of any special license granted for the first time after July 1, 2001, shall be limited to those physicians who continue to meet the requirements of paragraph “a” of this subrule and subrule 10.4(5). Academic institutions are encouraged to assist special licensees in qualifying for permanent licensure if the physician is to remain in Iowa long term.

c. A special license shall specifically limit the licensee to practice at the medical college and at any health care facility affiliated with the medical college.

d. A special license shall automatically expire when the licensee discontinues service on the academic medical staff for which the special license was granted.

e. The board may cancel a special license if the licensee has practiced outside the scope of this license or for any of the grounds for which licensure may be revoked or suspended as specified in Iowa Code sections 147.55, 148.6, and 272C.10 and 653—12.4(272C). When cancellation of such a license is proposed, the board shall promptly notify the licensee by sending a statement of charges and notice of hearing by certified mail to the last-known address of the licensee. This contested case proceeding shall be governed by the provisions of 653—Chapter 12.

f. A special physician licensee shall notify the board of any change in home address or the address of the place of practice within one month of making an address change.

g. A special physician licensee shall notify the board of any change in name within one month of making the name change. Notification requires a notarized copy of a marriage license or a notarized copy of court documents.

h. A special physician licensee file shall be closed and labeled “deceased” when the board receives a copy of the physician’s death certificate.

i. The board shall accept each 12 months of practice as a special licensee as equivalent to one year of postgraduate training in a hospital-affiliated program approved by the board for the purposes of permanent licensure.

10.4(2) *Special license eligibility.* To be eligible for a special license, an applicant shall meet all of the following requirements:

- a.* Fulfill the application requirements specified in subrule 10.4(3);
- b.* Be at least 21 years of age;
- c.* Be a physician in a medical specialty;
- d.* Present evidence of holding a medical degree from an educational institution that is located in a jurisdiction outside the United States or Canada and that is listed in the Directory of Medical Schools published by the International Medical Education Directory;
- e.* Have completed at least two years of postgraduate education in any jurisdiction;
- f.* Have practiced for five years after postgraduate education;
- g.* Demonstrate English proficiency as set forth in subparagraph 10.4(3) “a”(4); and
- h.* Be licensed in a jurisdiction outside the United States or Canada and present evidence that any licenses held in any jurisdiction are unrestricted.

10.4(3) *Special license application.*

- a. Requirements.* To apply for a special license an applicant shall:
 - (1) Pay a nonrefundable special license fee of \$200;
 - (2) Complete and submit forms provided by the board;
 - (3) Provide verification of successful completion of a medical degree;
 - (4) Demonstrate proficiency in English by providing a valid ECFMG certificate or verification of a passing score on the TSE, the Test of Spoken English, or TOEFL, the Test of English as a Foreign Language, examinations administered by the Educational Testing Service. A passing score on TSE is a minimum of 50. A passing score on TOEFL is a minimum overall score of 550 on the paper-based TOEFL that was administered on a Friday or Saturday (formerly special or international administration), or a minimum overall score of 213 on the computer-administered TOEFL;
 - (5) Present a letter from the dean of the medical college in which the applicant will be practicing that indicates all of the following:
 1. The applicant has been invited to serve on the academic staff of the medical school and in what capacity;
 2. The applicant’s qualifications and the unique contributions the applicant has made to the practice of medicine;
 3. The unique contributions the applicant is expected to make by practicing in Iowa and how these contributions will serve the public interest of Iowans; and
 - (6) Present at least two letters of recommendation from universities, other educational institutions, or research facilities that indicate the applicant’s noteworthy professional attainment.